Plan Information File

PLAN_ID
SEGMENT_ID

CONTRACT_ID
FORMULARY_ID

MA_REGION_CODE
PDP_REGION_CODE
COUNTY_CODE

Geographic Locator File

MA_REGION_CODE
PDP_REGION_CODE
COUNTY_CODE

Produces service area

Formulary File

CONTRACT_ID
FORMULARY_ID

other vbls

TIER
NDC

Beneficiary Cost File

PLAN_ID
SEGMENT_ID

CONTRACT_ID

other vbls

TIER

Produces restrictions and cost sharing for drug

Pharmacy Networks File

CONTRACT_ID

PLAN_ID
SEGMENT_ID

other vbls

Produces plan networks

PLAN_INFORMATION FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
CONTRACT_NAME	Char(50)	
ORGANIZATION_TYPE	Char(13)	Description of organization type (e.g., Local CCP)
CONTRACT_PLAN_TYPE	Char(37)	Description of contract type (e.g., Local PPO)
PLAN_ID	Char(3)	Plan identifier assigned by CMS
PLAN_NAME	Char(42)	
PLAN_TYPE	Char(37)	Description of plan type (e.g., PPO)
SEGMENT_ID	Char(1)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
PART_D	Char(1)	Does plan include Part D services? (Y/N)
FORMULARY_REQ	Char(1)	Does plan have a formulary? (Y/N)
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
SERVICE_AREA	Char(8)	2-character State code and SSA State/County code
MA_REGION_CODE	Char(2)	Plan service area (Regional MA plans only)
PDP_REGION_CODE	Char(2)	Plan service area (PDP only)
STATE	Char(2)	2-character State code (Local MA plans only)
COUNTY_CODE	Char(5)	5-character SSA State/County code (Local MA plans only)
PARTIAL_FLAG	Char(1)	Does plan only cover part of the county? (Y/N)

Plan Information

FORMULARY FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
FORMULARY_ID	Char(8)	Unique Identifier assigned to formulary
FORMULARY_VERSION	9(5)	Unique version number.
NDC	Char(11)	11-digit NDC
TIER	9(2)	Cost Share tier value associated with the drug product associated with NDC. An NDC can be associated with only one tier.
QUANTITY_LIMIT_YN	Char(1)	Is there a quantity limit on the drug product associated with the NDC other than 30 or 34 days? (1=yes, 0=no)
QUANTITY_LIMIT_AMT	9(3)	If QUANTITY_LIMIT_YN=1, what is the quantity limit in units (pills, mL, etc) of the drug product associated with NDC.
QUANTITY_LIMIT_DAYS	9(3)	If QUANTITY_LIMIT_YN=1, what is the time period (in days) to which the QUANTITY_LIMIT_AMT applies?
PRIOR_AUTH_YN	Char(1)	Is prior authorization required for the drug associated with NDC? (1=yes, 0=no)
STEP_THER_GRPS	9(2)	How many step therapy groups include the drug product associated with NDC? (number of groups=n)
STEP_GRP_DESC_1	Char(100)	What is the description of step therapy group 1? (blank if STEP_THER_GRPS=0)
STEP_GRP_STEP_1	Char(3)	What step in step therapy group 1 contains the drug product associated with NDC? (blank if STEP_THER_GRPS=0)
...		NOTE: STEP_GRP_DESC_. and STEP_GRP_STEP_. are repeated for each of the n groups numbered in STEP_THER_GRPS.
STEP_GRP_DESC_n	Char(100)	What is the description of step therapy group n?
STEP_GRP_STEP_n	Char(3)	What step in step therapy group n contains the drug product associated with NDC?

BENEFICIARY COST FILE		
Field Name	Type(size)	Description
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
COVERAGE_LEVEL	9(1)	Coverage type for beneficiary with no subsidy. 1=copay/coinsurance, 2=coverage gap, 3=catastrophic
TIER	9(2)	Cost Share tier value
DAYS_SUPPLY	9(1)	Length of days supply to which cost structure applies. 1=30days, 2=90 days, 3=other
COST_TYPE_PREF	9(1)	Type of cost sharing at preferred pharmacies. 1=copay, 2=coinsurance
COST_AMT_PREF	9(4)v9(4)	Amount of cost sharing at preferred pharmacies. If COST_TYPE_PREF=1, this field is interpreted as $$$$cccc -- for example, 00100000 is interpreted as $10.00. If COST_TYPE_PREF=2, this field is interpreted as a 4-decimal-place number -- for example, 00002500 is interpreted as 0.25 or 25%
COST_TYPE_NONPREF	9(1)	Type of cost sharing at nonpreferred pharmacies. 1=copay, 2=coinsurance
COST_AMT_NONPREF	9(4)v9(4)	Amount of cost sharing at nonpreferred pharmacies. See description of COST_AMT_PREF.
COST_TYPE_MAIL	9(1)	Type of cost sharing at mailorder pharmacies. 1=copay, 2=coinsurance
COST_AMT_MAIL	9(4)v9(4)	Amount of cost sharing at mailorder pharmacies. See description of COST_AMT_PREF.

GEOGRAPHIC LOCATOR FILE		
Field Name	**Type(size)**	**Description**
COUNTY_CODE	Char(5)	5-character SSA State/county code
STATENAME	Char(20)	State name
COUNTY	Char(30)	County name
MA_REGION_CODE	Char(2)	Plan service area (Regional MA plans only)
MA_REGION	Char(150)	Description of Regional MA region
PDP_REGION_CODE	Char(2)	Plan service area (PDP only)
PDP_REGION	Char(150)	Description of PDP region

Geographic Locator

PHARMACY NETWORKS FILE		
Field Name	**Type(size)**	**Description**
CONTRACT_ID	Char(5)	Organization contract number assigned by CMS
PLAN_ID	Char(3)	Plan identifier assigned by CMS
SEGMENT_ID	Char(3)	Segment ID for local MA-PD plans assigned by CMS (zero for all other)
PHARMACY_NUMBER	Char(12)	Pharmacy number: 5 zeroes followed by the pharmacy's 7-digit NABP pharmacy number
PHARMACY_ZIPCODE	Char(5)	ZIPCode for pharmacy
PREFERRED	Char(1)	Is the pharmacy preferred? (1=yes, 0=no)
PHARMACY_RETAIL	Char(1)	Is the pharmacy a retail outlet? (1=yes, 0=no)
PHARMACY_MAIL	Char(1)	Is the pharmacy a mailorder outlet? (1=yes, 0=no)